

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000154

FILED
Apr 30, 2009
Secretary of State

Entity Name: ST. PETERSBURG BLACK SOX, INC.

Current Principal Place of Business:

1401 ESSEX DR N
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

1401 ESSEX DR N
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3690338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILLAN, REED
1401 ESSEX DR N
ST PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCMILLAN, REED
Address: 1401 ESSEX DR N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: MCMILLAN, DEBORAH
Address: 1401 ESSEX DR N
City-St-Zip: ST PETERSBURG, FL 33710

Title: D () Delete
Name: VIDA, JAMES
Address: 4018 JERRY DR
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: CORNWELL, ERIC
Address: 517 COLUMBIA DR
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V P (X) Change () Addition
Name: FLETCHER, TED
Address: 1737 MAPLE LEAF BLVD
City-St-Zip: OLDSMAR, FL 33774 US

Title: SEC (X) Change () Addition
Name: CORNWELL, ERIC
Address: 517 COLUMBIA DR
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REED MCMILLAN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date